



# Basic Health:

## Low-cost health care coverage for eligible Washington residents



Basic Health—a Washington State Health Care Authority program—contracts with health plans all over Washington State to provide reduced-cost health care coverage to qualified Washington State residents.

### Eligibility

Basic Health is for Washington State residents who are:

- Within Basic Health's income guidelines (see below);
- Not eligible for free or purchased Medicare;
- Not institutionalized at the time of enrollment; and
- Not attending school full-time in the United States on a temporary student visa.

### Cost

- Monthly premiums are based on age, income, family size, and health plan chosen
- No copayments for preventive care services
- Low copayments on some services
- \$150 annual deductible
- 20% coinsurance on some services
- \$1,500 annual out-of-pocket maximum

To be eligible for Basic Health, your family's gross (before taxes) monthly income must be lower than the amount shown (for your family size) in the table below.

Number of People in Your Family						
1	2	3	4	5	6	7
\$1,633.42	\$2,200.11	\$2,766.81	\$3,333.50	\$3,900.20	\$4,466.89	\$5,033.59

Valid through June 30, 2007

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## Choice of provider

- Select your own doctor or other provider contracted with the health plan you choose
- Choice of health plans in most counties
- Decide on the health plan that offers the best value, location, and providers for you

## Benefits

- Doctor and hospital care, including preventive care
- Emergency services
- Prescription drugs

All health plans in Basic Health offer the same basic benefits, but monthly premiums, providers, and some details of coverage vary (such as which prescription drugs or preventive services are covered). The amount the state contributes to your monthly premium depends on:

- Your age;
- Your income;
- The number of people in your family; and
- The health plan you choose.



## Pre-existing conditions

You must wait nine months from the day your coverage begins before Basic Health will cover pre-existing conditions, except for maternity care and prescription drugs.

If you had coverage similar to Basic Health coverage (including Healthy Options or another Department of Social and Health Services [DSHS] program with similar coverage) any time in the three months just before you applied for or were enrolled in Basic Health, your waiting period for treatment of a pre-existing condition may be shorter. If your enrollment was delayed because Basic Health was full, you may receive up to three months' credit toward the waiting period.